

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000033888 (5)

1. Corporation Name  
SUNCOAST TECHNICAL SALES, INC.



Principal Place of Business  
9481 HIGHLAND OAKS DRIVE  
STE 411  
TAMPA FL 33647

Mailing Address  
9481 HIGHLAND OAKS DRIVE  
STE 411  
TAMPA FL 33647-2516

3. Date Incorporated or Qualified  
05/01/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 752 Preserve Terrace  
Suite, Apt. #, etc.

2a. Mailing Address  
26 752 Preserve Terrace  
Suite, Apt. #, etc.

4. FEI Number  
59-3313767

Applied For  
Not Applicable

22 City & State  
23 Heathrow FL

27 City & State  
28 Heathrow, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33746 25 Seminole

29 33746 30 Seminole

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOPER, NANCY A  
9481 HIGHLAND OAKS DRIVE  
STE 411  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name Nancy A. Cooper  
82 Street Address (P.O. Box Number is Not Acceptable)  
752 Preserve Terrace  
83  
84 City Heathrow FL 85 Zip Code 33746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

*Nancy A. Cooper*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, NANCY A	
STREET ADDRESS	9481 HIGHLAND OAKS DRIVE STE 411	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, JAMES C	
STREET ADDRESS	9481 HIGHLAND OAKS DRIVE STE 411	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy A. Cooper	
1.3 STREET ADDRESS	752 Preserve Terrace	
1.4 CITY-ST-ZIP	Heathrow, FL 33746	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James C Cooper	
2.3 STREET ADDRESS	752 Preserve Terrace	
2.4 CITY-ST-ZIP	Heathrow FL 33746	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Nancy A. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-97

Daytime Phone #

407  
805-0071

CR2E034 (9/96)